

Application Data Sheet**Application Information**

Application Number::

Filing Date::

Application Type::

US National Phase

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

Title::

RESEARCH-AND-DEVELOPMENT**TECHNOLOGY TRANSFER METHOD, SYSTEM,****PROGRAM, AND RECORDING MEDIUM**

Attorney Docket Number::

4752-003

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

10**Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Japan

Status::

Given Name::

Kimio

Middle Name::

Family Name::

ISHIMARU

Name Suffix::

City of Residence::

Tokyo

State or Province of Residence::

Country of Residence::

Japan

Street of Mailing Address::

**Toranomon Ichi-chome Mori Bldg. 5F; c/o Japan
Industrial Technology Association
AIST Innovations, 1-19-5 Toranomon, Minato-ku**

City of Mailing Address::

Tokyo

Postal or Zip Code::

105-0001

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: Japan
Status::
Given Name:: **Takashi**
Middle Name::
Family Name:: **KANAMORI**
Name Suffix::
City of Residence:: Tokyo
State or Province of Residence::
Country of Residence:: Japan
Street of Mailing Address:: Toranomon Ichi-chome Mori Bldg. 5F; c/o Japan
Industrial Technology Association
AIST Innovations, 1-19-5 Toranomon, Minato-ku
City of Mailing Address:: Tokyo
Postal or Zip Code:: 105-0001

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: Japan
Status::
Given Name:: **Nobuo**
Middle Name::
Family Name:: **MIYABE**
Name Suffix::
City of Residence:: Tokyo
State or Province of Residence::
Country of Residence:: Japan
Street of Mailing Address:: Toranomon Ichi-chome Mori Bldg. 5F; c/o Japan
Industrial Technology Association
AIST Innovations, 1-19-5 Toranomon, Minato-ku
City of Mailing Address:: Tokyo
Postal or Zip Code:: 105-0001

Correspondence Information

Correspondence Customer No:: **22429**
Phone Number:: **(703) 684-1111**
Fax Number:: **(703) 518-5499**
E-Mail Address::

Representative Information

Representative Customer Number::
Representative Designation:: Registration Number:: Representative Name::
Primary or Associate

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
JP	2002-211385	July 19, 2002	Yes

Assignee Information

Assignee Name:: **JAPAN INDUSTRIAL TECHNOLOGY
ASSOCIATION**
Street of Mailing Address:: **Toranomon Ichi-chome Mori Bldg. 5F;
1-19-5 Toranomon, Minato-ku**
City of Mailing Address:: **Tokyo**
State of Mailing Address::
Country of Mailing Address:: **Japan**
Postal or Zip Code:: **105-0001**